

DIVISION OF WORKERS COMPENSATION
KS DEPARTMENT OF HUMAN RESOURCES
800 SW JACKSON ST STE 600
TOPEKA KS 66612-1227

Phone: 785-296-3441 – Fax: 785-296-0839
Web Site: www.hr.state.ks.us/wc/html/wc.htm
Email: workerscomp@hr.state.ks.us

**ELECTION OF EMPLOYER TO PROVIDE
WORKERS COMPENSATION COVERAGE FOR VOLUNTEER WORKERS.**

NOTICE: To be processed **all** entries on this form must be completed. All entries, except signatures, must be typed.

NOTE: This Election is effective upon receipt by the Kansas Division of Workers Compensation.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer Name: _____

Employer Address: _____

hereby elects to cover volunteer workers who are engaged in the following volunteer work: _____

Those volunteer workers in the following work are not being brought under the Act: _____

The employer agrees to cover such volunteer workers until such election shall be cancelled on a form provided by the Division of Workers Compensation. The employer further agrees to provide coverage through the employer's workers compensation insurance policy or through an already existing approved self-insurance plan.

Valid Signature of Employer or Authorized Representative

Title of Signing Individual